

Lafayette Transit System
Certification of ADA Paratransit Eligibility
Shared-Ride/Para-transit Service

Instructions: PLEASE READ CAREFULLY and remove this sheet before returning application.

Please note that applicants may receive in-person functional assessments as part of the eligibility process and that eligibility is not based on a person's age. The following information is provided to assist you in completing the attached application for paratransit service from Lafayette Transit System (LTS). This application is divided into three sections listed below:

Policies and Procedures: KEEP this instruction page for your records. Do NOT return this page to the certification office. Please submit the following:

- Part 1 Applicant Information
- Part 2 Health Care Professional Verification

❖ Be sure both Part 1 and Part 2 are completed. Incomplete applications will be returned. Print clearly in ink and return the original application to:

Acadiana Transit
Paratransit Certification Office
930 Center Street
Lafayette, LA 70501

❖ Copies and faxes of the form will not be accepted.

❖ Part 2 is to be completed by the health care professional familiar with your disability. The application will be returned if answered by anyone other than the health care professional. This health care professional must be licensed by the State of Louisiana and may include, but is not limited to a physician, nurse, or vocational rehabilitation counselor. Certification by SOCIAL WORKERS is not acceptable.

❖ Signatures are required from all applicants or their legal guardians on the application. Health care professionals must include their professional license number and signature.

❖ Allow three (3) weeks for the eligibility determination. Lafayette Transit System will determine if you are eligible for this service and notify you by mail of this decision.

❖ Applications not reviewed within 21 days of submission will be treated as eligible and those applicants will be allowed access to the service, until the review of the application has taken place and a determination of eligibility rendered.

- 45 ❖ The following appeal process is available to those persons who disagree with the Eligibility
- 46 Office's written determination of an applicant's eligibility:
- 47

December 8, 2005 Version Instructions – Page 1 of 2

48
49
50
51
52
53
54
55
56
57
58
59
60
61
62
63
64
65

ALTERNATE 1

- Applicant shall complete and submit a formal appeal on forms prescribed for this specific purpose within 60 calendar days from the date noted on the Eligibility Office correspondence.
- Appeals shall be submitted to and reviewed by Lafayette Consolidated Government Transit & Parking Manager, (337) 291-7030, who will make a timely decision on each appeal.
- Applicants who remain dissatisfied with their eligibility determination by the Transit & Parking Manager may appeal in writing within 60 calendar days by completing the forms prescribed for this specific purpose.
- The completed forms and relevant information will be reviewed by the Director of Traffic & Transportation, (337) 291-8546, who shall make a timely decision on the applicant's eligibility appeal. This administrative decision of the Director shall be final.
- Applicants shall continue to have the right to other legal remedies within the appropriate district court.

❖ You may contact our Eligibility Office at (337) 235-8968.

Lafayette Transit System
ADA Paratransit Application

If you have a disability which limits you in using LTS fixed route buses, please complete this form and then call the ADA Paratransit Certification Office at Acadiana Transit, (337) 235-8968.

Please read the attached instructions and brochure before completing this form. The information explains more about Lafayette Transit System (LTS) ADA Paratransit Service. If you have questions about the services, eligibility, or need assistance, please call the Acadiana Transit Office at the number listed above. Also, call if you need this application in large print, Braille, or on audiotape.

I. General Information (Please Print)

The last four (4) digits of your Social Security Number: SSN 000-00- _____

Birth date _____ Date of Application: ____ / ____ / ____

(LTS uses the last 4 digits of your SSN only as a way to track applications. If you do not provide the last 4 digits of your Social Security Number, a number will be assigned to your application.)

First Name _____ Middle Initial _____

Last Name _____ Sex: M _____ F _____

Street Address: _____ Apt. # _____

City: _____ State _____ Zip _____

Phone [daytime] (____) _____ [evening] (____) _____

Mailing Address (if different from above) _____

City _____ State _____ Zip _____

99
100
101
102
103
104
105
106
107
108
109
110
111
112
113
114
115
116
117
118
119
120
121
122
123
124
125
126
127
128
129
130
131
132
133

Please check below if you would like written material sent to you in the future.

- Regular Print Large Print Audiotape Email
 Braille

Please also be advised, if you need the application as an audiotape or in Braille, someone will need to assist you in completing this form as it is necessary for LTS to review a written application. Please also provide the name and phone number of a friend or relative that can be called in case we are unable to reach you at your regular number:

Name: _____ Relationship _____

Phone [daytime] (____) _____ [evening] (____) _____

II. Disability and Mobility Equipment Information

Please describe the disability or health condition that limits you from using LTS fixed route buses. *(Please list all disabilities or health conditions that apply.)*

It may be helpful to maintain documentation of your health condition or disability should a personal interview be required.

If this is a temporary disability or health condition, how long do you expect it to limit you from using LTS fixed route buses?

_____ Months from the date of this application

133
134
135
136
137
138
139
140
141
142
143
144
145
146
147
148
149
150
151
152
153
154
155
156
157
158
159
160
161
162
163
164
165
166
167
168
169

Do you use any of these mobility aids or equipment? *(Check all that apply.)*

- | | |
|--|---|
| <input type="checkbox"/> cane | <input type="checkbox"/> powered wheelchair |
| <input type="checkbox"/> crutches | <input type="checkbox"/> powered scooter |
| <input type="checkbox"/> walker | <input type="checkbox"/> manual wheelchair |
| <input type="checkbox"/> leg brace | <input type="checkbox"/> long white cane |
| <input type="checkbox"/> prosthesis | <input type="checkbox"/> service animal |
| <input type="checkbox"/> portable oxygen | |
| <input type="checkbox"/> other (please specify) _____ | |
| <input type="checkbox"/> I do not use any of these mobility aids | |

Do you ever need to bring someone with you to help you when you travel (e.g., a "personal care assistant (PCA)"?)

- Yes, always Yes, sometimes No

III. Abilities to Use Fixed Route LTS Buses

Please read the following statements and check those, which best describe your abilities to use fixed route LTS buses. (Check all that apply.)

Fixed route buses mean the large transit buses operated on set routes by LTS.

- I can use the fixed route buses at certain times of the day.
- I can get to and from bus stops or stations if the distance is not too great.
- I can ride the buses when I am feeling well. There are other times, however, when my disability or health condition worsens, and at these times I cannot ride the buses.
- I have a disability or health condition that prevents me from riding the buses if the weather is very hot or very cold.

170
171
172
173
174
175
176
177
178
179
180
181
182
183
184
185
186
187
188
189
190
191
192
193
194
195
196
197
198
199
200
201
202
203
204
205
206
207
208

- My disability or health condition makes it extremely difficult to travel when there is snow and/or ice present or when flooding occurs.
- I cannot climb to get on and off fixed route buses nor climb stairs to get in and out of the bus station.
- I can get to and from bus stops or stations only if there are curb cuts and level sidewalks.
- I have difficulty understanding or remembering all the things I would have to do to use the buses and stations.
- I can use fixed route buses if it's someplace I go all the time.
- Sometimes I may need assistance from a friend or a PCA (Personal Care Attendant) to ride the fixed route bus.
- I am unable at time to use fixed route buses for other reasons.
Please explain:

IV. Please Give Us More Information about Your Functional Abilities

WITHOUT THE HELP OF SOMEONE ELSE CAN YOU...

1. Ask for and understand written or spoken instructions?
 Always Sometimes Never Not Sure
2. Cross the street?
 Always Sometimes Never Not Sure
3. Stand for 10 minutes if there is no place to sit?
 Always Sometimes Never Not Sure

- 209 4. Step on and off a sidewalk from the curb?
210 Always Sometimes Never Not Sure
211
- 212 5. Find your own way to the bus stop if someone shows you the way once
213 or twice?
214 Always Sometimes Never Not Sure
215
- 216 6. Walk up and down three steps if there is a handrail?
217 Always Sometimes Never Not Sure
218
- 219 7. Walk up and down a flight of stairs if there is a handrail?
220 Always Sometimes Never Not Sure
221
- 222 8. Stand on a moving bus while holding onto a handrail?
223 Always Sometimes Never Not Sure
224
- 225 9. Transfer from one fixed route bus to another bus?
226 Always Sometimes Never Not Sure
227
- 228 10. Under the best of conditions, what is the FARTHEST you can walk
229 outdoors (or travel using your mobility aid) without the help of another
230 person?
- 231 Less than 1 block 6 blocks (3/4 mile)
232 1 block More than 6 blocks
233 2 blocks (1/4 mile) 4 blocks (1/2 mile)
234 I cannot travel outdoors alone at all

235
236
237
238
239
240
241
242
243
244
245
246
247

Have you ever had training to learn how to travel around the community or on how to use fixed routes buses?

- Yes No

Would you like information about training to use the fixed route bus, day or night service?

- Yes No

278 **V. Please Give Us Information about your use of LTS Fixed Route**
279 **Buses.**

280
281
282
283
284
285
286
287
288
289
290
291
292
293
294
295
296
297
298
299

1. Do you currently use LTS fixed route buses at all?

Yes

No

2. When was the last time you used an LTS fixed route bus?

3. If you used an LTS fixed route bus in the past and have stopped using
this service, please explain why: _____

299 **VI. Signature: Please Complete Box A unless you are a Minor or Have a**
300 **Legal Guardian, in Which Case Your Parent or Legal Guardian Should**
301 **Complete Box B.**

302 A. I understand the purpose of this application is to determine if I am
303 eligible to use ADA Paratransit Services. I certify the information provided
304 in this application is true and correct. I understand falsification of
305 information could result in a loss of ADA Paratransit Services as well as a
306 penalty under the law. I agree to notify Lafayette Transit or its paratransit
307 provider if I no longer need to use ADA Paratransit Services.

308 _____ Date _____
309
310 (Signature of Applicant)
311

312
313 B. I understand the purpose of this application is to determine if the Applicant
314 is eligible to use ADA Paratransit Services. I certify the information
315 provided in this application is true and correct. I understand falsification of
316 information could result in a loss of ADA Paratransit Services as well as a
317 penalty under the law. I agree to notify LTS if the Applicant no longer
318 needs to use ADA Paratransit Services.

319
320 C. I consent to an Applicant's interview and, if necessary, a functional
321 assessment, if required, of his/her travel abilities and limitations to
322 determine ADA Paratransit Service eligibility. I understand the Applicant
323 must be present for the interview and any recommended functional
324 assessment. I acknowledge I may be present with the Applicant during the
325 interview and any functional assessment, and state:

326
327 (Check one of the following)

- 328 I will be present
329 I designate _____ to be present on my behalf, or
330 I waive my right to be present and do not designate another to
331 be present on my behalf.

332
333 _____ Date _____
334 (Signature of Parent or Legal Guardian)
335

336 **If someone assisted you in completing this application, please provide the**
337 **following information:**

338 Print Name _____
339 Relationship to applicant _____
340 Address _____
341 Agency _____ Phone (____) _____
342

343 Part 2. Request for Professional Verification
344 (Instructions)

345
346 Dear Health Care Professional:

347
348 You are being asked to complete and sign the attached application to provide
349 information regarding the applicant's disability and its impact upon his/her ability to
350 utilize our transit services. Federal law requires Lafayette Transit System provide
351 paratransit services to persons who cannot utilize our regular bus services. **Health**
352 **care professionals completing this form must be licensed by the State of**
353 **Louisiana and include their professional license numbers on the application.**

354
355 Lafayette Transit System paratransit service is provided to persons unable to use
356 regular public transit service due to their disability if, as a result of the disability,
357 they cannot board, ride, or disembark, or they have a specific impairment-related
358 condition preventing them from getting to and from a bus stop.

359
360 **Please Note:**

- 361 1. LTS Paratransit service is limited special transportation service for
362 persons with disabilities who are unable, because of a mental or
363 physical impairment (including a visual impairment), to use regular
364 public transportation by themselves.
365 2. LTS fixed-route buses (regular bus service) can accommodate people
366 using wheelchairs and persons who find it difficult to climb the steps on
367 a bus.
368 3. A person may be unable to use regular public transportation either
369 because he is unable to board, ride, and disembark from accessible
370 vehicles, or because of a specific impairment related condition that
371 prevents him from traveling to or from a bus stop.
372 4. Your verification should consider only the presence of a disabling
373 condition, **not the applicant's age or economic status.**

374
375 Resources for this program are limited. Your evaluation of each person must be
376 based solely upon the individual's ability to use regular transit. LTS may contact
377 the certifying health care professional to verify accuracy of the information. LTS
378 will make the final determination as to the applicant's eligibility.

379
380 The Professional Verification **must be filled out completely and solely** by the
381 health care professional for processing to occur.

382
383 **Please Print.** Thank you for your assistance.
384

385
386
387
388
389
390
391
392
393
394
395
396
397
398
399
400
401
402
403
404
405
406
407
408
409
410
411
412
413
414
415
416
417
418
419
420
421
422
423
424
425
426

Examples of Qualified Professionals who are licensed by the State of Louisiana include:		
Physician (M.D. or D.O.)	Independent Living Specialist	Ophthalmologist
Physical Therapist	Rehabilitation Specialist	Psychiatrist
Occupational Therapist	Psychologist	Registered nurse

Part 2. Verification by Licensed Professional

Applicant's Name _____

Address _____

City/State/Zip _____

1. What is the diagnosis of the applicant's disability? Please describe as specifically as possible in laymen's terms. _____

2. Does the applicant's condition prevent him/her from using regular bus service either in general or under certain circumstances?

No Yes

If yes, tell us why _____

3. Is the applicant's condition temporary?

No Yes

If yes, expected duration is _____ months from the date of this application.

The following information will be used to ensure appropriate type of vehicle is used to provide transportation, and an accurate analysis of the application's trip request is processed by AT.

427 4. Does the applicant use mobility aids?

428 No Yes

429 If yes, what type? Wheel Chair Walker Crutches Cane

430 Other _____

431

432 5. Can the applicant be transferred from wheelchair/other mobility aid to a
433 passenger seat, if necessary?

434 No Yes

435

436 6. Does the applicant require a Personal Care Attendant (PCA) for travel?

437 No Yes

438

439 7. Can the applicant travel 200 feet without assistance?

440 No Yes

441

442 8. Can the applicant travel 1,250 feet (one-quarter mile) without assistance?

443 No Yes

444

445 9. Can the applicant climb three twelve-inch steps without assistance?

446 No Yes

447

448 10. Can the applicant wait outside without support for thirty minutes?

449 No Yes

450

451 11. Is the applicant able to give address and phone numbers upon request?

452 No Yes

453

454 12. The applicant can use regular public transit buses only to or from certain
455 locations (e.g., wheelchair accessible locations or destinations on which the
456 applicant has been trained).

457 No Yes

458

CONFIDENTIAL

PHYSICIAN VERIFICATION Part 1

I, _____ (Name of Physician), certify
_____ (Name of Patient), to be a severely disabled
person who has been a patient of mine since _____ (date) and whose
diagnosis (*describe in laymen's terms*):

Please describe the physical and/or cognitive condition and how it functionally prevents the applicant from using the Lafayette Transit regular bus service.

I also certify that the medical information provided in the application is accurate to the best of my knowledge and is consistent with the application's medical diagnosis.

Signed this _____ day of _____, 200__

Signature of Physician

Medical License Number

Street Address

City

State

Zip Code

CONFIDENTIAL

PHYSICIAN VERIFICATION Part 2

Applicant's Name _____

MUST BE COMPLETED BY A LICENSED PHYSICIAN

The applicant who asked you to review and sign this application is applying to Acadiana Transit to be considered eligible for the Acadiana Transit Para-Transit Shared-Ride Service. Acadiana Transit Para-Transit Shared-Ride Service is intended only for those trips the applicant cannot make LTS regular bus service. This application is intended to determine when and under what circumstances the applicant can use LTS regular bus service and when they require Para-Transit Shared-Ride Service. Please review the information provided and complete below:

A. Has the applicant been diagnosed with a cognitive, mental, physical or other disability?

No Yes _____

Diagnosis _____

B. The applicant's disability is:

Permanent Temporary-until
when? _____

C. Please describe all conditions (physical, cognitive, mental, other) which functionally prevent the applicant from using LTS regular bus service:

D. Level of Legal Blindness (if applicable)

Left Eye: _____ Right Eye: _____ Combined: _____

536
537
538
539
540
541
542
543
544
545
546
547
548
549
550
551
552
553
554
555
556
557
558
559
560
561
562
563
564
565
566

E. Does the applicant require the assistance of a Personal Care Attendant (PCA) when traveling? ___ Yes ___ No ___ I don't know

F. To the best of your knowledge, is the information provided in this application true and correct? ___ Yes ___ No ___ I don't know

Signature: _____
Date: _____
Print _____ or _____ type _____ Name _____ and
Title: _____
State _____ of _____ Louisiana _____ License
Number: _____
Business _____ Address: _____ Phone
Number: _____
City: _____ State: _____ Zip
Code: _____

For more information, please call or fax:
Acadiana Transit
Phone (337) 235-8968
Fax (337) 269-1845

Thank you, for assisting us in this endeavor. This Professional Verification form must be returned with the applicant's completed application.

Should you have any questions, please do not hesitate to contact Lafayette Transit System, Paratransit Certification Office, at (337) 291-8570.